

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
COMPIE CLASSIFIER	<i>[Signature]</i>	45	2/5
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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11	✓	✓	1/15/85
12	✓	✓	1/15/85
13	✓	✓	1/15/85
14	✓	✓	1/15/85
15	✓	✓	1/15/85
16	✓	✓	1/15/85
17	✓	✓	1/15/85
18	✓	✓	1/15/85
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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